

Sample Tier I Report

Page _____ of _____ pages
Form Approved OMB No. 2060-0072

Tier One	EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY <i>Aggregate Information by Hazard Type</i>	FOR OFFICIAL USE ONLY	ID # _____
			Date Received _____

Important: Read instructions before completing form

Reporting Period From January 1 to December 31, 20__

Facility Identification		Emergency Contacts	
Name _____		Name _____	
Street _____		Title _____	
City _____ County _____ State _____ Zip _____		Phone () _____	
SIC Code [][][][]		24 Hour Phone () _____	
Dun & Brad Number [][]-[][][][][][][][]		Name _____	
Owner/Operator		Title _____	
Name _____		Phone () _____	
Mail Address _____		24 Hour Phone () _____	
Phone () _____		<input type="checkbox"/> Check if information below is identical to the information submitted last year	

Physical Hazards	Hazard Type	Max Amount	Average Daily Amount*	Number of Days On-Site	General Location	<input type="checkbox"/> Check if site plan is attached
	Fire	[][]	[][]	[][]	_____	
	Sudden Release of Pressure	[][]	[][]	[][]	_____	
	Reactivity	[][]	[][]	[][]	_____	

Health Hazards	Immediate (acute)	[][]	[][]	[][]	_____
	Delayed (Chronic)	[][]	[][]	[][]	_____

Certification (Read and sign after completing all sections)		Reporting Ranges Weight Range in Pounds	
I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through _____ and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate and complete.		Range Code*	From... To...
Name and official title of owner/operator or owner/operator's authorized representative _____		01	0 99
Signature _____ Date signed _____		02	100 999
		03	1000 9,999
		04	10,000 99,999
		05	100,000 999,999
		06	1,000,000 9,999,999
		07	10,000,000 49,999,999
		08	50,000,000 99,999,999
		09	100,000,000 499,999,999
		10	500,000,000 999,999,999
		11	1 billion higher than 1 billion